

RECREATIONAL VEHICLE TRANSFER CONTAINER APPLICATION

Applicant must submit a copy of the manufacturer's State approval sheet for the tank (service provider can provide) AND:

1. Adams County General Permit Application Form
2. First time applicant must submit an Adams County Camper Unit Transfer Container Agreement (enclosed with directions for completing, this form requires a check made payable to "Register of Deeds" in the amount of \$30.)
3. Servicing Contract must be signed by owner and the service provider
4. Site Map/Plot Plan. Drawings must show location of tank
5. **Need the State Approval Letter (can get from whomever you are buying from) showing what brand, type & size of tank.** Only State approved tanks are allowed.
6. **The fee is \$50 per year. If renewed before March 2 of the current year, the fee is \$25.**
The annual permit runs from March 1 through March 1 of the following year.

A FINAL INSPECTION MUST BE REQUESTED WHEN INSTALLATION HAS BEEN COMPLETED

3-2.08 CAMPER UNIT TRANSFER CONTAINER – Camper unit Transfer Container use is allowed upon issuance of an Adams County Camper Unit Transfer Container Use Permit that shall require annual renewal or re-issuance. The servicing of the Camper Unit Transfer Containers as to pumping transporting and disposal of the contents shall be in accordance with ch. NR 113 and shall be maintained pursuant to this ordinance.

- (A) The Camper Unit Transfer Container must be an Approved Product for the use with a capacity not to exceed three hundred (300) gallons limited to servicing one Camper Unit per container. The container shall be installed under the camper unit whenever possible or placed no more than 12 inches horizontally from the camper unit body recessed into the finish grade no more than 4 inches with adequate anchoring to prevent flotation and provisions made to protect the unit from physical damage.

IMPORTANT NOTICE

It is illegal for anyone other than a licensed sanitary pumper/plumber to pump/empty Camper Unit Transfer Containers, Portable Toilets and Holding Tanks. Any offense is punishable through the Department of Natural Resources (DNR) and Adams County Ordinances.



www.co.adams.wi.gov

OFFICE USE ONLY:

FILE #:

Date #: _____ Ground Coverage {sq. ft. or %}: _____
Parcel #: _____ County Zoning District: _____
State Sanitary #: _____ Shoreland Zoning District: _____
State UDC Seal #: _____ FIRM / DBS Zone: _____
Waterfront Yes No {Elevations Rqrd?: Sanitary / Construction}
Within 300 ft. of OHWM? Y N Airport Height Zoning: _____

Planning & Zoning Department

Permit Application

P. O. Box 187 Phone: 608 339-4222
Friendship, WI 53934 Fax: 608 339-4504

* ADDITIONAL REGULATIONS: The undersigned hereby applies for a Permit to do work described and located as shown on this application and the attached plot plan. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

* SETBACKS: All lot lines shall be physically marked for all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete construction according to the approved submittals and in accordance with County Zoning, Sanitary, Building Construction and/or Land Division Ordinances, and with all laws of the State of Wisconsin applicable to said premises and work.

CIRCLE ACTIVITY(S): TOWER EROSION CONTROL ZONING SANITARY BUILDING RAZING

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Owned By: _____ Phone: _____
{First} {Middle Initial} {Last}

Mailing Address: _____

Property Description:

Gov. Lot: _____ or _____ 1/4, _____ 1/4, Sec. _____, T _____ N, R _____ E

Lot: _____; Block: _____; Addition: _____; Subdivision: _____ or CSM: _____

Town: _____ Property Address (if any): _____

Lot / Parcel Size: Width: _____ Length: _____ Acres / Sq. Ft.: _____

Ground Coverage (Buildings Only - sq. ft.): House: _____ Garage: _____ Shed: _____ Porch: _____

Acc. Bldg. (1): _____ Acc. Bldg. (2): _____ Carport: _____ Lean-to: _____ Other (What?): _____

Construction Description:

Use: _____ (New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitary, etc.)

Type of Construction (if Manufactured Home, list year): _____ (RV, Residence, Accessory Building, Commercial, Industrial, Public etc.)

(Frame, Masonry, Manufactured, Pole, etc.)

Building Description:

Width: _____ Length: _____ Area: _____ Sq. Ft.

Height: _____ No. of Stories: _____ No. of Bedrooms: _____

IMPORTANT NOTES: IT IS THE RESPONSIBILITY OF THE PERSON SIGNING TO CALL FOR REQUIRED INSPECTIONS. THE UNDERSIGNED FURTHER ACKNOWLEDGES: (1) THAT THEY HAVE READ *NOTES ABOVE. AND THE NOTICE ON THE BACK OF THIS PERMIT APPLICATION REGARDING WETLANDS. THE SIGNATURE BELOW ALSO GRANTS CONSENT FOR DEPARTMENT STAFF TO ENTER PREMISES.

Signature of Owner or Agent: _____ Phone: _____

Printed Name: _____ Address: _____

OFFICE USE ONLY:

Comments / Conditions:

Zoning: \$ _____ Other: \$ _____
Sanitary: \$ _____ State: \$ _____
Building: \$ _____ Total: \$ _____

Paid (check # or cash): _____

Date: _____ By: _____

Approved / Denied by: _____ Date: _____

Must have truss specs. from manufacturer

**DIRECTIONS FOR COMPLETING THE NOTARIZED
TRANSFER CONTAINER AGREEMENT FORM**

Owners must sign the document in front of a Notary and names must be typed or legibly printed below their signature.

Full legal description must be completed (found on property tax bill). If more room is needed, submit another full size page.

Only original forms will be accepted and must be completed in **BLACK INK**, either typed or handwritten. Typed is preferred.

All portions of the Agreement must be completed.

Submit a separate check made payable to "Register of Deeds" in the amount of **\$30.00** with this form.

ADAMS COUNTY CAMPER UNIT TRANSFER CONTAINER AGREEMENT

This agreement is made between Adams County & Property owner(s) as part of a Management & Maintenance Plan. This agreement shall be binding upon the property owner(s), their heirs or assignees, and shall run with the land. This agreement will remain in effect until the Adams County Planning & Zoning Dept. as being responsible for the regulation of Camper Unit Transfer Containers certifies the camper unit transfer container has been removed from the property.

Property Owner(s) Name (Black ink only)					
Parcel identifier number (PIN)					
Unit Number(s) {for condominium}					
I/We acknowledge that application is being made for the use of a CAMPER UNIT TRANSFER CONTAINER on the following property: Provide full legal land description. Attach full size page(s) if additional space is needed.					
<input type="checkbox"/> 1/4		or		<input type="checkbox"/> 1/4	
Lot #	Block #	Subdivision Name or CSM #			
City	Village	Town Name:			
Street Address:					

Return to: Adams County Planning & Zoning Department
P. O. Box 187
Friendship, WI 53934

I/We the property owner(s) understand and agree to do the following:

- I/We understand and agree to meet all requirements of the Adams County Private Onsite Wastewater Treatment Systems Ordinance and ch. Comm 91 Wisconsin Administrative Code, pursuant to Camper Unit Transfer Containers and to maintain the camper unit transfer container in such a manner as to exclude flies and vermin.
- I/We understand and agree to allow the Adams County Planning & Zoning Dept. Sanitary Inspector to enter upon the above described property during normal business hours to investigate the camper unit transfer container is being properly maintained.
- I/We understand and agree to locate the Camper Unit Transfer Container on the above described property to maintain all setbacks and service access as specified in Table 1.

TABLE 1 Minimum Setbacks All setbacks are measured to the closest outside edge of the Camper Unit Transfer Container to listed items.

Well	Lake/Stream	Back lot line	Side lot line	Front lot line (Must use the greater the of two setbacks)	Camper Unit	Service access
25 feet	75 feet	10 feet	10 feet	110 feet from road center line or 50 feet from right-of-way line which ever is the greatest	No greater than 1 foot from camper unit body	No greater than 50 feet to driveway

I/We understand and agree to have the Camper Unit Transfer Container serviced by entering into a Servicing Contract with a Pumping Contractor licensed under ch. NR 113 and NR 114 Wis. Adm. Code and to file all contract renewals within ten (10) days of date of renewal with the Adams County Planning & Zoning Dept.
I/We further understand and agree a report of all servicing events shall be submitted annually to the Adams County Planning & Zoning Dept. by the Pumping Contractor.

Owner(s) Name (print): _____

Owner(s) Signature: _____

Date: _____

NOTARY PUBLIC

Subscribed and Sworn before me this _____ day of _____,

NOTARY PUBLIC (Signature) _____

My commission expires: _____

Document Drafted By (print): _____

Dept. Use Only:

Reviewed by & date accepted, as part of a permit application: _____

Information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m)]
(ACPZDF – 105 (R01/10))

SERVICING CONTRACT

This contract is made between the Property Owner(s) and Pumper Contractor licensed under ch. NR 113 and NR 114 Wis. Adm. Code and shall remain in effect until the owner or pumper terminates this contract.

We acknowledge the servicing requirements of the sanitary component installed or placed on the following property and understand and agree to the terms of this contract.

Property Owner(s) Name(s) – (print): _____

Pumpers Name and - (print): _____

SANITARY COMPONENT(s) *Identify the sanitary component(s), installed or placed on the following described property:*

POWTS
 Holding Tank
 Vault Privy
 Transfer Container
 Portable Restroom
 Limited Holding Tank
 Pretreatment Unit
 Non-plumbing Sanitation

PARCEL Identifier Number (PIN)					Unit Number(s) {for condominium}		
Provide Full Legal Description (Attach full size page(s) if additional space is needed)							
Govt. Lot #	or	1/4,	1/4, Section	Town	Range	E	Subdivision Name or CSM #
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town Name:						Street Address:	

1. Owner shall file this contract with the Adams County Planning & Zoning Department
2. Owner shall have the Sanitary Component(s) serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for the purpose to servicing the Sanitary Component(s).
3. Owner shall maintain an access road so the pumper can service the Sanitary Component(s) with the pumping equipment.
4. Owner agrees to pay the pumper for all charges incurred in servicing the Sanitary Component(s) as mutually agreed upon by the owner and pumper.
5. The Pumper Contractor shall prepare and submit a report to the Adams County Planning & Zoning Dept. of all servicing events performed for the Sanitary Component(s) including water meter readings when applicable pursuant to chs. Comm 83, 87 and 91 Wis. Adm. Code and the Adams County Private Onsite Wastewater Treatment Systems Ordinance.

Owner(s) Signature: _____ Pumper's Signature: _____

_____ Certification Number: _____

_____ Phone Number: _____

Date: _____ Date: _____

Document Drafted By (print): _____

Dept. Use Only:

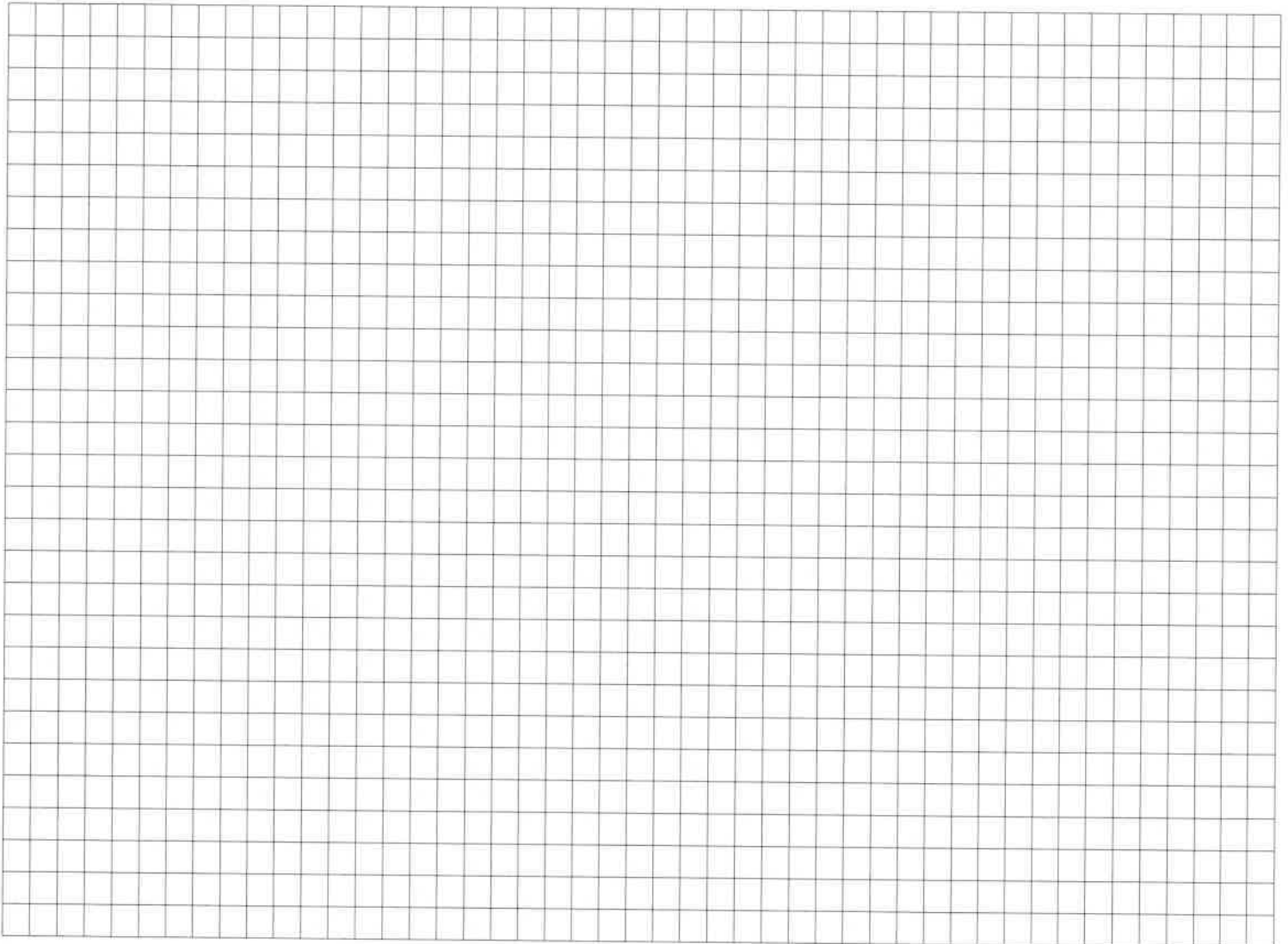
Reviewed by & date accepted, as part of a permit application: _____
 (ACPZDF – 114 (R 01/10))

Site Map / Plot Plan

See Reverse Side for Setback and Height Limit Information

PLEASE NOTE: All setbacks must be clearly and accurately shown or the map will be returned to you for clarification which will result in a delay of your project.

- Clearly show which direction is north with a North Arrow (N).
- Site map must be either drawn to scale or be dimensionally accurate.
- Show all roads that abut the parcel.
- Clearly indicate whether measurements from a road are from the lot line or the road centerline.
- Show all water-bodies abutting and/or within the parcel with setbacks from the Ordinary High-Water Mark.



Consider the grid map as your entire lot.